



# FEE TRANSMITTAL For FY 2005

Complete if Known	
Application Number	10/685,167
Filing Date	October 14, 2003
First Named Inventor	Douglas W. Arntson
Examiner Name	2125
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit
TOTAL AMOUNT OF PAYMENT	(\$) 100
	Attorney Docket Number
R11.12-0804	

**METHOD OF PAYMENT (Check all that apply)**

- Check     Credit Card     Money Order     None     Other (Please Identify): \_\_\_\_\_
- Deposit Account - Deposit Account Number: 23-1123      Deposit Account Name: Westman, Champlin and Kelly
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayment of fee(s)     Credit any overpayments under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	Small Entity		Small Entity		Small Entity		
	<u>Fee (\$)</u>	<u>Fee (\$)</u>					
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**
Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
200	100
360	180

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
27	- 20 or HP = 2	x 50	= 100	
HP = highest number of total claims paid for, if greater than 20				
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
3	- 3 or HP = 0	x 200	= 0	
HP = highest number of independent claims paid for, if greater than 3				

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

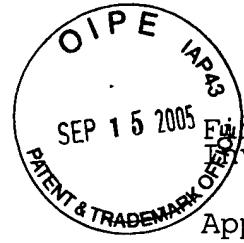
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	250	= 0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY		Registration No. (Attorney/Agent)	Fee(s) Paid (\$)
Signature		34,797	Telephone: 612-334-3222
Name (Print/Type)	Judson K. Champlin	Date: 9/13/05	



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor : Douglas W. Arntson

Appln. No.: 10/685,167

Filed : October 14, 2003

For : TWO-WIRE FIELD MOUNTED  
PROCESS DEVICE

Docket No.: R11.12-0804

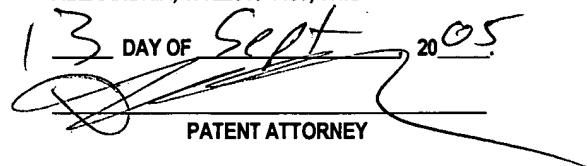
Group Art Unit: 2125

Examiner: A. Kosowski

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I HEREBY CERTIFY THAT THIS PAPER IS BEING  
SENT BY U.S. MAIL, FIRST CLASS, TO THE  
COMMISSIONER FOR PATENTS, P.O. BOX 1450,  
ALEXANDRIA, VA 22313-1450, THIS

*13* DAY OF *Sept* 20 *05*  
  
PATENT ATTORNEY

Sir:

This is in response to the Office Action mailed on June 15, 2005. Please amend the above-identified application as follows.

09/16/2005 SDENB0B1 00000013 10685167

01 FC:1202

100.00 OP